

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000000478**

1. Entity Name

THE PROVO GROUP, INC.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90013 003 ***150.00

| | |
|---|--|
| Principal Place of Business 101 WEST 11TH STREET SUITE 1110 KANSAS CITY MO 64105 US | Mailing Address 101 WEST 11TH STREET SUITE 1110 KANSAS CITY MO 64105-1805 US |
|---|--|

L0003648



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number **36-3359416**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324****7. Name and Address of New Registered Agent**

| | |
|--|----------------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PROVO, BRUCE A | |
| STREET ADDRESS | 8812 LINDEN DRIVE | |
| CITY-ST-ZIP | PRAIRIE VILLAGE KS 66207 | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RICH, MARTIN D | |
| STREET ADDRESS | 1705 SECOND AVENUE SUITE 409 | |
| CITY-ST-ZIP | ROCK ISLAND IL 61201 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | GOLDING, JAMES L | |
| STREET ADDRESS | 999 N. LAKESHORE DRIVE | |
| CITY-ST-ZIP | CHICAGO IL 60611 | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | ATKINSON, KRISTIN J | |
| STREET ADDRESS | 5636 MEADOW COURT NORTH | |
| CITY-ST-ZIP | PARKVILLE MO 64152 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WILKERSON, WALLACE R | |
| STREET ADDRESS | 406 EAST 10TH STREET | |
| CITY-ST-ZIP | KEARNEY MO 64060 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------|---|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | 15717 Cordell Rd | |
| CITY-ST-ZIP | Kearney MO 64060 | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:*Kristin J. Atkinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/00

(816)421-7444